King County

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August 28, 2009

The Honorable Dow Constantine
Chair, King County Council
Room 1200
COURTHOUSE

Dear Councilmember Constantine:

On July 27, 2009, the King County Council adopted Ordinance 16608 making a supplemental appropriation of $1,186,710 to the public health fund; and amending the 2009 Budget Ordinance, Ordinance 16312, Section 92, as amended. The July ordinance included the following proviso:

P6 PROVIDED FURTHER THAT:

> The council recognizes that the H1N1 influenza pandemic continues to evolve and may have a heightened, but as yet unknowable, impact on King County during the 2009-2010 winter influenza season. It is the intent of the council that the Seattle-King County department of public health continue to prepare for and respond to the H1N1 influenza pandemic. By August 17, 2009, the executive shall transmit to the council a written update outlining the known essential costs associated with preparedness for an H1N1 influenza outbreak during the 2009-2010 winter influenza season. The update shall also detail the department's capacity to fund these costs within the existing resources of the public health fund that either may be appropriated for known essential costs or placed in reserve to be appropriated for future essential costs as the disease evolves and those costs become known. The report shall also include information related to potential federal funding for H1N1 preparation and response.
> The update must be filed in the form of 12 copies with the clerk of the council, who shall retain the original and will forward copies to each councilmember and to the lead staff for the budget and fiscal management committee, or its successor.

The attached proviso submittal responds to the County Council's request that the Executive transmit a written update to the council by August 17, 2009 that would detail:

1. Known essential costs related to the preparation for an H1N1 outbreak in King County during the winter influenza season;
2. Funds currently available within the Public Health fund that may be appropriated or placed in reserve for H1N1 preparation and response; and

3. Information on federal funding that may become available for local H1N1 preparation and response.

With the adoption of Ordinance 16608, the Department of Public Health will work with council staff on a briefing for the council's Budget & Fiscal Management Committee at the beginning of September that will provide the Committee with a broader picture of the resource needs, availability, and timing for H1N1 preparation and response.

Thank you for your consideration of the proviso response. We look forward to answering any questions or concerns you may have. Please feel free to call Michael Loehr, Public Health Emergency Preparedness Section Manager, at 206-263-8687 if you need further assistance.

Sincerely,

Kurt Triplett
King County Executive

Enclosure

cc: King County Councilmembers
ATTN: Tom Bristow, Interim Chief of Staff
Saroja Reddy, Policy Staff Director
Anne Noris, Clerk of the Council
Frank Abe, Communications Director
Beth Goldberg, Deputy Director, Office of Management and Budget
David Fleming, Director and Health Officer, Seattle-King County Department of Public Health (DPH)
Kathie Huus, Chief of Staff, DPH
Dorothy Teeter, Chief of Health Operations, DPH
Benjamin Leifer, Chief Administrative Officer, DPH
Connie Griffith, Chief Financial Officer, DPH
Jeff Duchin, MD, Prevention Division Chief, Communicable Disease Control, Epidemiology & Immunization Section, DPH
Michael Loehr, Emergency Preparedness Section Manager, DPH

August 28, 2009

Priorities for H1N1 Influenza Preparedness and Response
Public Health – Seattle & King County

Fall 2009 – Spring 2010

This report is provided in response to Proviso P-6, in Ordinance 2009-0384, adopted July 27, 2009, which reads as follows:

> The council recognizes that the H1N1 influenza pandemic continues to evolve and may have a heightened, but as yet unknowable, impact on King County during the 2009-2010 winter influenza season. It is the intent of the council that the Seattle-King County department of public health continue to prepare for and respond to the H1N1 influenza pandemic. By August 17, 2009, the executive shall transmit to the council a written update outlining the known essential costs associated with preparedness for an H1N1 influenza outbreak during the 2009-2010 winter influenza season. The update shall also detail the department's capacity to fund these costs within the existing resources of the public health fund that either may be appropriated for known essential costs or placed in reserve to be appropriated for future essential costs as the disease evolves and those costs become known. The report shall also include information related to potential federal funding for H1N1 preparation and response.
>
> The update must be filed in the form of 12 copies with the clerk of the council, who shall retain the original and will forward copies to each councilmember and to the lead staff for the budget and fiscal management committee, or its successor.

Consistent with the intent of the proviso, this report is organized into the following three sections:

PART 1 of this document describes the core preparedness activities currently underway:

A. Making H1N1 vaccine available community-wide

B. Mitigating the impacts of the fall outbreak through mobilization of antiviral medicines, education and outreach to key partners, and coordinating policy level planning with public and private schools

C. Maintaining continuity of critical health and medical services

PART 2 describes funding strategies that may be utilized for H1N1 preparedness and response efforts

PART 3 describes the current availability of federal H1N1 preparedness funds, and how they may be applied in Washington State.

Overview

The current H1N1 influenza pandemic began in late April, spread to multiple continents and continues to infect residents across King County. Public Health – Seattle & King County is currently planning for an expected resurgence of H1N1 outbreaks, particularly in schools, this fall. Although the severity of the disease appears generally similar to seasonal flu, with H1N1, hospitalization rates are higher among children and young adults and the majority of deaths occurred in younger adults compared with seasonal flu.

H1N1 has three important distinctions from seasonal influenza that necessitate in-depth planning with a wide array of healthcare and community partners. First, the infection has the potential to be much more prevalent in King County residents than seasonal influenza due to a relative lack of immunity in this population. Second, the lack of H1N1 vaccine early in the flu season increases the potential for widespread outbreaks and disease among the most vulnerable who are normally vaccinated. Third – conceptually – vaccine will be available late and will require planning for large scale community immunization. Increased risk for severe illness exists for pregnant women, children, and persons with underlying health conditions. Consequently, public perception of this health threat may differ greatly from seasonal influenza, and thus we must plan for a wide range of potential reactions by our communities.

Guided by the above working assumptions, Public Health – Seattle & King County is developing new capabilities and planning with regional partners to respond to a possible fall epidemic of influenza, including disease caused by the new H1N1 strain, in our communities. We are improving our abilities to store and distribute vaccines, antiviral medicines, and medical supplies; expanding our education and outreach efforts; adding surge capacity to the Public Health response; and protecting vulnerable populations.

PART 1

A. Community-wide Vaccination

The primary goal of our preparedness efforts this fall is to ensure the availability of H1N1 vaccine to all persons in King County for whom the vaccine is recommended and who choose to be vaccinated as soon as vaccine supplies are available to us. Our primary strategy for receiving, distributing and dispensing H1N1 vaccine will focus on adapting existing vaccine distribution infrastructure to incorporate additional healthcare providers, thereby expanding availability across the county. Due to evolving circumstances and frequently updated information around federal vaccine guidance and policy decisions, presumed availability of vaccine, and disease characteristics, our planning efforts necessarily incorporate several key assumptions:

- We plan to make novel H1N1 vaccine available county-wide as soon as it is available, however initial vaccine supplies may be limited and may be delayed until after the outbreak begins and possibly until after it peaks.
- Vaccine distribution will follow federal guidelines from the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) for use of novel influenza A H1N1 vaccine. Included in these guidelines are the following priority groups to be utilized in the early stages of the event when vaccine supplies can not yet accommodate the entire population:

Priority Group Population	**King County**
☐ Pregnant women	33,951
☐ All persons 6 months to 24 years of age	560,450
☐ Household contacts and caregivers of infants under 6 months of age	unknown
☐ All persons 25 to 64 years of age with one or more high risk conditions *	264,000
☐ Healthcare workers	74,500
☐ Emergency Medical Services workers	4,420
TOTAL	**937,321**
population)	*(49.1% of KC*

* *High risk conditions include:* chronic lung (including asthma) or cardiovascular (except hypertension), kidney, liver, neurological/neuromuscular, blood system, or metabolic

disorders (including diabetes mellitus) and immune system suppression (including that caused by medications, treatments or by HIV).

- If further prioritization of vaccine is necessary due to limited supplies, a subset of people eligible for initial vaccination will include pregnant women, children 6 months through 4 years of age, household contacts and caregivers of children younger than 6 months of age, children 5 through 18 years of age who have chronic medical conditions, healthcare and Emergency Medical Services personnel.
- Two vaccinations 3-4 weeks apart will be required to produce protection from infection; one vaccination will provide little to no protection.
- In advance of our receiving vaccine in King County, mitigation measures to reduce the spread of disease and severity of illness may be necessary including distribution and tracking of antiviral medicines to healthcare facilities, policy decision making around operations of schools and child care facilities, and coordinated health and safety messaging.

Central to the existing vaccine distribution infrastructure is the Vaccine for Children Program (VFC), which currently includes approximately 340 healthcare facilities registered in King County to receive and administer vaccines each year to children representing the vast majority of child immunizations delivered in the county. We must identify and recruit additional healthcare providers including obstetricians and internists to administer the novel H1N1 vaccine under the VFC program to adult target populations, including pregnant women, in addition to children. We must also develop capacity to provide technical assistance to healthcare workers regarding specific protocols associated with storage, handling and administering novel H1N1 vaccine and information on vaccine safety and reporting potential vaccine-related adverse events.

We must plan now with pharmacies, Community Health Clinics, large medical practices, specialty clinics, hospitals and Emergency Medical Services organizations to incorporate them into the community-wide vaccination program. Participation by these organizations is key to ensuring wide distribution and availability of vaccine to people within defined priority groups. This level of planning will require significant staffing resources dedicated to building partnerships and gaining commitments from key healthcare organizations.

Our planning must also account for people who may not have access to vaccine through the VFC program or from healthcare facilities listed above. We must identify a sufficient number of healthcare facilities around the county where vaccine would be accessible to people who could not otherwise afford to be vaccinated. We are planning to utilize our Public Health Centers to administer vaccine to Public Health patients and to persons who lack a medical provider and can not afford an administrative fee to receive the vaccine. However, we must expand our planning with other healthcare organizations to identify an appropriate number of sites, dispersed across the county that can serve in this capacity.

The amount of H1N1 vaccine that will be initially shipped to King County this fall is currently unknown, and thus our plans must anticipate that H1N1 vaccine supplies

may be limited in the early stages of the vaccination effort. In addition, predicting public demand for the H1N1 vaccine in advance is not possible as there are many factors, still unfolding, that may effect the public's perception of the threat and the value of the vaccine. Outbreaks occurring across our community, particularly in school age children, before vaccine is available; a real or perceived shortage of vaccine supplies; and heightened public awareness and anxiety over reported deaths from H1N1 early in the flu season may generate a surge in public demand for vaccine. Conversely, public apathy toward the illness; confusion about the need for multiple vaccines for different strains; or fear and mistrust regarding the safety of the vaccine may reduce demand.

As the demand for vaccination among the priority groups is met and supplies become more plentiful, vaccine will be made available to additional persons in King County for whom vaccination is recommended and who choose to be vaccinated. In order to know the extent of progress being made in vaccinating priority groups, we must develop plans and systems that will enable us to track and report to the Washington Department of Health and/or the CDC the status of vaccine distribution across the county and any adverse reactions to the vaccine reported by healthcare providers. Developing such a reporting mechanism, even using existing infrastructure as a foundation, will require significant investment of staffing time and resources to accommodate the needs of a community-wide vaccination effort.

Developing the community-wide vaccination plan requires a surge of staff resources, a high degree of expertise and close integration between a cross section of internal staff and community partners. We have redirected several Public Health staff from their daily responsibilities toward H1N1 vaccine planning efforts. However, additional staff are needed to initiate and complete several core planning functions. Establishing and maintaining direct coordination with healthcare partners to enhance planning, coordination and capacity around the VFC program will require temporary expansion of the Immunization Program by up to six positions. Development of plans for vaccine usage reporting, prioritization of distribution and resource logistics are also key components of this planning process. We must add expertise to our planning efforts by incorporating pediatricians and pharmacists to assist with coordination and planning across key healthcare sectors. We must augment our public information team to create essential messages around the vaccine distribution plan, develop strategies for widespread distribution and oversee translation and dissemination across multiple media. We must also develop plans specifically detailing how our Public Health centers will serve as vaccine and antiviral dispensing sites across the county for the duration of the fall and winter. These plans must address staffing needs, resource management, communications, and be sufficiently flexible to account for changes in supply levels or disease severity.

B. Mitigating Impacts - Antiviral medicines, Contingency Planning with Schools and Childcare Centers, and Public Education

It is possible that outbreaks of H1N1, particularly in school and child care settings, may begin soon after classes resume in September, well before the initial doses of

H1N1 vaccine will be available. This may lead to explosive outbreaks across the community, a surge in demand for healthcare services, and a heightened level of public anxiety. The functionality of school facilities and even entire districts may be questioned in an environment of high student and teacher absenteeism, or fear among parents in response to reported deaths in children. It is critical, therefore, that our preparedness activities incorporate mitigation measures to limit the spread and severity of illness, while maintaining public confidence through consistent information and education.

The success of our response to the consequences of H1N1 this fall will depend largely on our ability to receive information, utilize it to make sound decisions, and communicate recommendations to our response partners and the public. Specifically, we must develop tools and systems to collect and analyze relevant information in real time. This is essential to maintaining situational awareness regarding the severity of illness experienced across the county, the rate of spread, and patient characteristics. Secondly, we must use the information gathered to recognize and develop solutions to emerging policy and program issues. Finally, we must provide rapid, accurate and consistent communication of information and recommendations to the public.

Planning activities to mitigate the spread of disease must incorporate schools, childcare centers, human services agencies and community based organizations to adequately prepare our communities, and particularly our most vulnerable residents, for the impacts of an H1N1 outbreak. Our planning with schools must occur at the operations and policy levels, addressing methods for maintaining school functions by limiting disease spread within facilities, as well as coordinating policy discussions around thresholds for limiting or closing school facilities. This work is resource intensive and particularly urgent. It requires direct coordination and technical assistance with all 19 school districts and multiple private school associations, and must be substantially completed by the beginning of the school year.

In the absence of available vaccine, we must incorporate antiviral medicines as a medical intervention to slow the spread and severity of disease. Public Health – Seattle & King County maintains a supply of antiviral medications sufficient to treat up to 25% of the entire county population. We are developing detailed logistical plans with a multitude of organizations to distribute adequate supplies of antiviral medicines to all in-patient healthcare facilities once disease spread is identified in the county, and to a cross section of ambulatory care facilities, community health clinics, Public Health centers, pharmacies and specialty care clinics. This planning is resource intensive and requires a high level of expertise and commitment by community partners, yet is critical to ensuring medicines will be accessible to all who need them.

In addition, a reporting and tracking mechanism, distinct from that used to track vaccine usage, must be developed and shared with all healthcare providers receiving antiviral medicines. The purpose of this tool is to document and identify

trends in antiviral usage. Developing this mechanism will require detailed planning and coordination with key partners in the healthcare and pharmacy communities.

Maintaining public confidence is essential during a crisis, particularly during times when the public perceives a high degree of threat and a shortage of resources. Our public education plans must be adapted to ensure coordinated messages across multiple jurisdictions. We must explain to our diverse population the differences between virus strains and their associated vaccines. Education messages must provide transparency and clarity around our prioritization plans and the methodology on which they are based. Above all, our messages must provide useful information regarding how to protect oneself from infection, when to seek medical care, and the relative safety of the H1N1 vaccine.

C. Maintaining Continuity of Health and Medical Care

Although the severity of the H1N1 pandemic strain closely resembles seasonal flu, it is possible that widespread outbreaks of H1N1 may occur this fall with a greater number of people seeking medical care than during normal years. In order to increase our capacity to address a surge in demand for healthcare services and information, we must initiate a recruiting program to double the size of the Public Health Reserve Corps. In addition, we must develop plans and capability to provide the public with essential information by bridging our public information function with medical call center facilities across the county. This function will relieve pressure on medical call centers and hospital emergency departments by providing rapid, accurate and consistent medical information to the public.

We must also plan with a diverse group of healthcare organizations to ensure that the availability of care during the fall outbreak is not jeopardized due to a surge in demand for services or a rise in healthcare worker absenteeism. Detailed plans must be developed addressing how limited supplies of protective medical equipment will be distributed and utilized within healthcare facilities. We must coordinate with healthcare organizations to determine how vaccine can be rapidly administered within their facilities. Should patient volumes exceed the capacity of available medical staff during the outbreak, plans must be in place and implemented consistently across the county to modify screening and admissions protocols, and shift medical staff from within healthcare facilities and between facilities to maintain appropriate levels of care.

PART 2

The department's capacity to fund H1N1 planning and response efforts within existing resources.

In addition to federal funding that will be provided (see Part 3 of this report), Public Health will utilize, to the degree possible, available resources for H1N1 preparedness and response activities this fall and winter.

At the present time, the department is using resources within existing program intent in the preparation and planning for this outbreak, recognizing there are other priority activities which need to be maintained. Examples of these include Human Resources, Communicable Disease, Child Care Health, and School Health programs. There are also staff whose main responsibilities include working with community partners and communicating with public on emerging issues such as the communications and health education team, community-based public health team, and the emergency preparedness team. These teams are focusing on the H1N1 as the essential topic in their work. Existing resources being used in this way include state public health funds, Local Capacity Development Funds, and 5930 communicable disease funds.

As detailed in Part 3 of this response, there is significant uncertainty about the precise level of resources that will be needed to respond to a fall/winter H1N1 outbreak. Although the types of activities are clear and indeed are being planned, the level and length of effort is dependent on a variety of factors that are unknown at this time. The resources to appropriately align the response to the level of need will be used in the following order by type: existing resources as described above, federal grants as they become available as described in Part 3, as a last resort, return to the council for additional appropriations.

PART 3

Federal Funding Available for Local H1N1 Preparation

1. CDC has made available **$5.4 million** to the Washington Department of Health for planning associated with H1N1 response. This funding will arrive in Washington State this fall to support state and local planning and response efforts.

   As of July 31, the Washington Department of Health (DOH) has not determined specific allocations for local health departments. However, based on allocations

of federal preparedness funds in past years, Public Health – Seattle & King County is expected to receive a minimum of $500,000 of the $5.4 million allocation for H1N1 preparedness and response.

2. The CDC will receive an additional **$335 million** from Congress specifically for developing a nationwide mass vaccination campaign. It is expected that a portion of this funding will be passed through to state and local health departments to support planning and response efforts. As of July 31, the state and local portions of this funding have not been determined.

Public Health will remain flexible in how CDC funds are used to build preparedness capabilities. We will leverage funds this fall from multiple sources, where available, and utilize staff and volunteers efficiently to accomplish our highest priorities. Our most critical planning activities include:

- Recruiting and training a large number of additional healthcare providers to participate in the VFC program;
- Developing distribution and prioritization plans that account for limited supplies of vaccine early in the flu season;
- Conducting planning and policy coordination with schools, childcare centers and other organizations on responding to the effects of outbreaks within their facilities;
- Planning with multiple healthcare organizations to ensure that a sufficient number of sites will be available across the county to vaccinate vulnerable populations; and
- Developing a communications strategy to educate the public about our vaccine plan, the need for prioritization, vaccine safety, and distinctions between seasonal and H1N1 vaccines.

It is not possible to predict the full financial cost of the Public Health response to the expected outbreak of H1N1 this fall. Decisions still pending by the CDC regarding nationwide mechanisms for distributing vaccine could significantly alter response costs experienced by local jurisdictions. In addition, a change in the severity of the virus could result in an expanded public health response over a longer duration. Consequently, staff may be redirected from other grant or revenue generating programs to support the response effort, further increasing costs.

Our costs associated with preparing for a fall outbreak of H1N1 will primarily be driven by the need to add temporary staff to initiate and expand planning efforts. Specifically, staff will be added to:

- the Immunizations Team to expand enrollment of healthcare providers in the VFC program;
- the Communications Team to develop key educational messages associated with the vaccine program; and

- the School Based Public Health Team to conduct planning and policy development with school districts around maintaining operations, protecting staff and students from infection, and implementing modifications to school operations, including school closures.

During the response phase of the outbreak, we will generate significant costs associated with staff overtime. The outbreak and vaccination effort are expected to last for several weeks to months, necessitating a large number of Public Health staff working extended hours. We will experience significant costs in storing, distributing and dispensing vaccine, antiviral medicines, and medical supplies. In addition, we may contract with various healthcare organizations to increase our vaccination capacity for uninsured individuals who can not afford to pay.

As a point of reference, Public Health's response costs for the spring H1N1 outbreak, covering a time period of one month, totaled $255,000. The fall response could last several months and will include the additional costs of making H1N1 vaccine available to all persons in King County.